



140N

Application or Docket Number

9513960

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Ellective December 29, 1999								_ (9101	· グ	1QU		
CLA				S FILED - olumn 1)	PART I (Column 2)				ENTITY	OR	OTHER SMALL		
FOR			NUMBE	R FILED	NUMBER	NUMBER EXTRA		E	FEE	1	RATE	FEE	
BASIC FEE									345.00	OR		690.00	
TOTAL CLAIMS			minus 20= *				X\$ 9			OR	X\$18=		
	EPENDENT CL		2	minus		X39	=		OR	X78=	·		
MULTIPLE DEPENDENT CLAIM PRESENT)=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	۱L	345	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	SMALL ENTITY OR				OTHER THAN SMALL ENTITY	
AMENDMENT A		REM Al	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	5	//	Minus	-20	= 4	. X\$ 9	<u>.</u>	36	OR	X\$18=		
	Independent	* 3		Minus	*** 3	1= 0	X39:	=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+260=		
•								TAL	DWO	ØR.	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		REM A	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**	= .	X\$ 9	=		OR	X\$18=		
	Independent	*	ON OF M	Minus	***	=	X39=	-		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR	+260=		
								AL EE			TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											NODII. FEEI		
AMENDMENT C		Cl REM	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**	=	X\$ 9=	= -		OR	X\$18=		
	Independent	*		Minus	***	=	X39=	╗			X78=	<u></u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1.55	\dashv		OR	7/02		
+ If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									ļ	OR	+260≈		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
						ne highest number f	found in the	арр	ropriate box	in col	umn 1.		

FORM PTO-875